

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Murphy Trailer Park PWS ID# 41 05280
 Month/Year 05/21 Entry Point: Well #1 Required Minimum Residual 0.5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:02	TANK	0.6	
2	8:03	#2	0.6	
3	6:41	TANK	0.6	
4	8:16	TANK	0.6	
5	10:33	TANK	0.6	
6	9:04	#2	0.5	
7	7:10	TANK	0.5	
8	10:25	#1	0.5	
9	6:27	TANK	0.5	
10	10:05	TANK	0.6	
11	9:14	TANK	0.6	
12	11:22	#3	0.6	
13	9:10	TANK	0.5	
14	9:51	#2	0.5	
15	6:03	TANK	0.5	
16	3:00	#2	0.5	
17	10:08	TANK	0.5	
18	9:31	#1	0.5	
19	9:23	TANK	0.5	
20	4:24	TANK	0.6	
21	8:42	#4	0.6	
22	5:05	TANK	0.6	
23	2:53	#2	0.6	
24	9:15	TANK	0.6	
25	8:48	TANK	0.6	
26	6:09	#4	0.6	
27	7:24	TANK	0.6	
28	6:11	#1	0.6	
29	10:04	TANK	0.6	
30	5:21	TANK	0.6	
31	7:56	#3	0.6	

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____/_____/_____</p> <p>Date it was returned to service: _____/_____/_____</p>
--	--	---

Printed Name: MIAN HOEFFLINGER Title: OWNER Operator Certification #: _____
 Signature: Mian Hoeflinger Phone #: (541) 659-2503 OR
 Date: _____/_____/_____ Small Groundwater System